

ART. XV.—*Summary of the Proceedings of the Pathological Society of Philadelphia.*

1867. Dec. 12. *Penetrating Wound of the Kidney, followed by Profuse Hemorrhage into Bladder; Death from Pleurisy.*—Dr. WM. PEPPER related the following case:—

Robert S., æt. 26, admitted to the Pennsylvania Hospital April 7, 1867. Had been stabbed in the back with a sharp-pointed, narrow-bladed knife, which had entered in the upper part of the left lumbar region, and penetrated to a considerable distance forwards and downwards. The first urine which he passed after the reception of the injury was very bloody; and this condition continued for some days, the blood-corpuscles being at first merely changed by maceration in urine, but soon becoming mixed with a number of blood-casts from the renal tubules. The amount of blood in the urine steadily diminished, the blood-casts being replaced by epithelial and granular casts. The urine, however, remained highly albuminous. About the tenth day after injury, symptoms of pleurisy of the left side set in, and considerable effusion took place. The constitutional symptoms became more and more grave, and death occurred twenty-three days after the reception of the injury.

*Post-mortem examination.*—In the left pleural cavity there was a large amount of purulent liquid, containing flocculi of yellowish lymph. The pleura much thickened, and several firm adhesions between under surface of lower lobe and the diaphragm. There was no evidence that the knife had entered the pleural sac. Right kidney quite healthy; left kidney abnormally adherent in its position, and, upon being removed, the capsule and surrounding connective tissue were found very much thickened and dense. This was due to the effusion of a large quantity of blood into the cellular tissue around the kidney, which had subsequently become firmly coagulated. On making a section through this capsule, several points were found where the clot had undergone softening, and formed small cavities containing a puriform fluid. After stripping the capsule from the kidney, an acute-angled linear cicatrix was noticed upon the posterior surface. The wound seemed to have quite healed externally, and upon cutting along the original track it was found to extend through the secreting structure of the kidney, and to terminate at one of the calyces. The line of the wound was marked by a yellow streak; but the tissue seemed very little degenerated in its neighbourhood. There were also two patches, about one-third of an inch in diameter, just beneath capsule in neighbourhood of the wound, where tissue was converted into a yellow fibroid structure much resembling the results occasionally following embolism. Ureter quite healthy; urinary bladder much distended, and, when incised, was found to contain a very large, firm, spherical clot, moulded to interior, and presenting at its centre a small cavity, containing turbid urine; this cavity communicated with urethra, and was evidently the channel of escape for the urine.

The progress of the case, especially the progressive improvement in the condition of the urine, and the post-mortem appearances of the kidney, alike lead to the belief that the wound of this organ had almost entirely healed, and that no very serious impairment of its secreting power would have followed. It appears probable, from the lesions in the left pleural cavity, that a subacute pleurisy had been excited at the time of the injury,

and that an acute exacerbation had occurred about ten days subsequently. This occurrence is the more to be regretted since the position of the wound, and the chemical and microscopical characters of the urine, so positively established the diagnosis, that, had recovery ensued, the fact might have been considered demonstrated that a penetrating wound of the kidney may occur without causing death, or establishing any chronic disease of the wounded viscus.

*Dec. 26. Spinal Meningitis.*—Dr. W. PEPPER, in presenting the specimen for Dr. J. S. BODINE, of Trenton, read the following history, drawn from the notes of Dr. B.: John A. L., æt. 24, came under observation November 2, 1867. In the winter of 1863–64, while in the army, he suffered from a severe and protracted attack of articular rheumatism, affecting the endocardium also; and in 1864–65 he had again a similar attack. After this he was removed from active duty until his discharge from the army, in June, 1865, when he returned to his occupation as a labourer, which he followed until a few days before his last illness. During this time he complained frequently of vague rheumatic pains, but was never prevented from working until October 20, when he had a fall from a wagon.

*Nov. 2.* Ten days after this he started for Trenton, and reached there the same day, and sought a night's lodging at the Almshouse. He was observed to stagger in his gait, and was supposed to be drunk. The following day he felt sick, and when seen at 3 P. M. had a hot skin, frequent pulse, and intense frontal headache; tongue slightly furred. His nose had bled two or three times during the day. Ordered a febrifuge and laxative.

*4th.* Has been somewhat delirious during the night, and still complains of violent frontal pain and general soreness; pulse 88. Remembers nothing of his past history, and can give no account even of how he reached Trenton.

*5th.* Fever and headache somewhat abated; mental condition remains the same, with muttering or noisy delirium. There is a slight tendency to retraction of head; tenderness on pressure over cervical vertebra, and marked general hyperæsthesia.

*6th.* Eyes suffused; internal strabismus most marked in the right side. Busy delirium, with marked muscular tremor.

*8th.* More quiet; strabismus marked; double vision, with hallucinations of sight, and still some muscular tremor.

*10th.* Intense headache again, with febrile excitement. Towards noon he became comatose; lost power of speaking and swallowing, and apparently had paralysis of left side of face and of right side of the body, with drawing of head to the right, and total insensibility of pupils to light.

*12th.* Able to move right arm with difficulty; feces and urine discharged involuntarily. Death took place November 13, less than two weeks after beginning of attack.

The treatment consisted of blisters to back of neck, and iodide of potassium in full doses, given in camphor water.

*Post-mortem examination twenty-four hours after death.*—Body much emaciated, and marks of numerous scarifications over spinal region. Lungs presented a few pleuritic adhesions, and hypostatic congestion of the lower lobes. Heart and pericardium healthy; abdominal viscera also healthy. *Head*—slight thickening of membranes over convexity of brain; abnormal amount of subarachnoid effusion. There was also an increased quantity of serum in the ventricles.